Thank you for the opportunity to present to you this afternoon.

My name is Jennifer Pearson. I am an Associate Professor at the UNR School of Public Health and a proud Reno High School graduate. As a tobacco control researcher with over 130 scientific publications and as an author of the *Surgeon General's Report on E-Cigarette Use Among Youth and Young Adults*, I am deeply familiar with the devastating death and disease associated with cigarette smoking.

I'd like to make three points in addition to what my colleagues have already said.

First, AB 279 intentionally focuses on cigarettes, by far the most harmful nicotine product. Cigarettes are wildly addictive, defective consumer products that kill roughly half of the people who use them daily. While not harmless, our best evidence suggests that e-cigarettes are significantly less harmful, containing fewer carcinogens than cigarettes. This slide illustrates my point. Look at the values in the red box. Compared to e-cigarettes, cigarettes have 9 times the formaldehyde, 450 times the acetaldehyde, 15 times the acrolein – these are all known human carcinogens. Unlike Prohibition, which eliminated legal access to *all* alcohol, AB 279 only restricts sales of *the most harmful version of a nicotine delivery device – the cigarette* – to young people born after December 31, 2004. Less harmful, more modern sources of nicotine such as e-cigarettes will still be available to people born after this date. AB 279's targeted restriction on cigarette sales reflects a common practice of limiting access to harmful products, differentiating it from broader prohibitions by still allowing less dangerous nicotine alternatives.

Second, I'd also like to highlight that AB 279 will reduce health disparities in our state. While cigarette smoking is at its lowest recorded level for both adults and youth, there are enormous and growing disparities in who smokes and who suffers from smoking-related disease. For example:

- The richest Americans live nearly 10-15 years longer than the poorest Americans; a third of this gap for men and a quarter for women is attributable to cigarette smoking. This disparity contributes to a cycle of poverty and poor health outcomes.
- Individuals with mental illnesses are two to three times more likely to smoke than those without such conditions. Individuals with alcohol use disorders smoke at rates up to 80%; people with other substance use disorders smoke at rates up to 98%.
- According to 2023 Nevada data, high school students in rural and frontier areas of our own state are 40-70% more likely to have smoked cigarettes in the past 30 days than urban high school students.

These data show that, while we have made incredible progress towards a smoke-free society, people are still being left behind. AB 279 would benefit all Nevadans, no matter

how much money or education they have, their mental health or substance use status, or where they live.

Finally, I'd like to remind you that AB 279 will save us money. Smoking directly causes $1.25 billion in annual healthcare costs in Nevada. The portion of these costs covered by the state's Medicaid program totals $160.1 million annually. This is in contrast to a projected 2025 income from cigarette excise taxes of roughly $113 million, an amount which is projected to decrease 4-5% annually between 2026-2027 according to the Economic Forum. Even a 1% decrease in the smoking prevalence in Nevada would save us over $17 million in Medicaid costs in the following year. Perhaps it goes without saying that governments shouldn't depend on tax revenue from a product that addicts and kills their own citizens; however, the economics are also on AB 279's side. Cigarette smoking costs the state more money than it brings in.

Clearly, smoking's time has come. Cigarettes are antiquated and deadly. AB 279 will make cigarette smoking a thing of the past and allow future generations to grow up without the burden of smoking-related suffering and death.

Thank you for your time and attention.